

NDEP # _____

Report Date: _____ Report Time: _____

Incident Date: _____ Incident Time: _____



Complaint/Spill Report Form

State of Nevada

Telephone: (888) 331-6337

Fax: (775) 687-8335

Do You Want to Remain Anonymous? ☐

Reporting Person/Agency: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Discharger/Owner/Operator of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Location of Complaint/Spill:

City: _____ State: _____ County: _____

Township: _____ Range: _____ Section: _____ Q, Q2: _____ Mile Marker: _____

Type of Material Discovered: _____

Concentration (% , ppm, ppb): _____

Quantity Found: _____ Media Affected: _____

Cause of Complaint/Spill:

Remedial Action Taken:

Oversight/Enforcement: _____

(FYI Only) cc: _____

cc: _____

Comments:

Report Taken By: _____